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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/681,018
Filing Date	October 8, 2003
First Named Inventor	Joan Fallon
Art Unit	
Examiner Name	
Attorney Docket Number	8016-1 CIP CON

To: Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

The client, Joan Fallon, has refused to remit payment of substantial amount of legal bills for services rendered and disbursements incurred and such bills have been outstanding for over several years.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☑ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number [ ] → Place Customer Number Bar Code Label Here

OR

☑ Firm *or* Individual Name	Joan M. Fallon				
Address	Garson Professional Building				
Address	1234 Central Park Avenue, Suite 1B				
City	Yonkers	State	New York	Zip	10704
Country	U.S.				
Telephone		Fax			

☑ This request is made on behalf of myself and

☑ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☐ the attorneys/agents associated with Customer Number [ ]

This request is enclosed in **triplicate** (including any attachments).

Name	Frank V. DeRosa
Signature	
Date	July 28, 2005

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, Washington, DC 20231.**

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.